*A picture containing text, clipart

Description automatically generated*

**OHC Incident  
Reporting Form**

*This form gives effect to the Incident Reporting and Management Policy and Procedure and applies to**Inala Community House (ICH) Out-of-Home Care program and includes all children and young people placed in out-of-home care, carers and workers.**This form relates to all incidents that meet the criteria of Category 1 or Category 2 Critical Incidents as outlined in Table 1. Before using this form read the Incident Reporting and Management Policy and Procedure.*

|  |  |
| --- | --- |
| Name of person involved in incident |  |
| Age (D.O.B) |  |
| Gender |  |
| Address |  |
| Date and time of critical incident |  |
| Date and time notified of critical incident |  |
| Location of critical incident |  |
| Name of worker completing the report form |  |
| Witnesses |  |
| Category of Incident | Category 1  Category 2 |
| Is this potentially a Standard of Care Review or Harm Report? | Yes  No |
| Is this a Reportable Death? | Yes  No |
| Has a Restrictive or Prohibitive Practice been used? | Yes  No |
| Name of the Carer |  |
| Carer’s Address |  |
| Carer’s Phone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Incident** | | | |
| **Category 1** |  | **Category 2** |  |
| Death\*\* | Yes | Serious injury | Yes |
| Life threatening injury (hospitalisation) | Yes | Alleged harm, neglect or exploitation | Yes |
| Missing or abducted child\*\* | Yes | Self-injury | Yes |
| Major security incident\*\* | Yes | Escalating risk taking behaviour | Yes |
| Rape, sexual assault, or other serious assault | Yes | Alleged criminal behaviour | Yes |
| Significant mental health episode (immediate medical treatment) | Yes | Serious threat | Yes |
| Concern requiring immediate response | Yes | Substance misuse | Yes |
| Alleged criminal behaviour | Yes | Absence | Yes |
| Negative experience during family time | Yes | Property damage | Yes |
| Serious or life threatening injury | Yes |  |  |

\*\* Needs to be reported to the Manager, ICH OHC, immediately.

|  |
| --- |
| **Description of the Incident** |
| *Describe the incident and circumstances surrounding the incident, including a detailed description of the precipitating factors, supervision being provided, precautions taken, early warning signals, specific behaviours and early crisis intervention techniques applied. (Use additional pages if required). Provide details of any damages to property.* |
|  |

|  |
| --- |
| **Actions taken during incident** |
| *What action was taken? How did the child, young person, carer and/or staff member intervene? Name the staff member/person that intervened. Note any behaviour support techniques used, how they were used and also how effective they were at the time of the incident.* |
|  |

|  |
| --- |
| **Follow up actions taken after incident** |
| *Describe follow up. Specify any special precautions, supervision or restrictions. Include recommendations for further follow up. If there were any injuries what required medical attention was received. Are there any immediate and/or ongoing concerns for the safety for anyone? What actions have been taken to mitigate risk?* |
|  |

|  |
| --- |
| **Description of physical injury** |
| *Describe injuries, e.g. location, size etc. Include recommendations for further follow up. If there were any injuries what required medical attention was received.* |
|  |

|  |  |  |
| --- | --- | --- |
| **Details of medical intervention provided** | | |
| Immediate Response | Yes  No | *Additional Information:* |
| Medical Treatment | Yes  No | *Additional Information:* |
| Ongoing Medical Response | Yes  No | *Additional Information:* |

|  |  |  |
| --- | --- | --- |
| **Additional Forms Required** | | |
| Does this incident involve a staff member? | Yes  No | *If yes complete the relevant ICH Incident Form and submit to HR* |
| **Worker Signature** |  | |
| **Date report completed** |  | |

| **Notification – key people to be notified** | | | |
| --- | --- | --- | --- |
| **Position** | **Date & Time** | **Name of person contacted** | **Who contacted them** |
| Manager, (OHC) |  |  |  |
| Child Safety, verbal report |  |  |  |
| Child Safety, written report |  |  |  |
| Chief Executive Officer |  |  |  |
| Nominee |  |  |  |
| Other (e.g. Statutory Body) |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Activity** | **Date** | **Person who did this** |
| Completed form placed on child’s (SRS) file |  |  |
| Completed form placed on Carer’s (SRS) file |  |  |
| Completed form filed in Incident Report Folder |  |  |

| **Signature** | | | |
| --- | --- | --- | --- |
| **Position** | **Date & Time** | **Name** | **Signature** |
| Manager (OHC) |  |  |  |

| **Areas Requiring Follow-Up** | | |
| --- | --- | --- |
| **Task** | **By Whom** | **By When** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Table 1**

|  |  |
| --- | --- |
| **CATEGORY 1**  **Immediate verbal notification to the Manager, OHC, and the department (CSSC/After Hours).**  **A completed Incident Report Form is to be submitted to the Department within 4 hours of becoming aware of the incident if the information is received during the business day. If information is received after hours an Incident Report Form is to be completed within 4 hours of the commencement of the next business day.** | |
| Death \*\* | * Child dies * Child is allegedly involved in the death of another person. |
| Life threatening injury (hospitalisation) | * Child receives a life threatening or serious injury that results in hospitalisation |
| Missing or abducted child \*\* | * Child is missing, location is unknown and there are fears for the child’s safety or wellbeing – Refer to ‘Report a missing child’ |
| Major security incident \*\* | * Child is involved in an incident (eg a fire, bomb threat, hostage situation, significant destruction of property or theft of a car) and emergency services is required to attend and relocation is required. |
| Rape, sexual assault or other serious assault | * Child is allegedly raped or sexually assaulted * Child is seriously assaulted and medical treatment is required * Child is allegedly responsible for rape, sexual assault or serious assault of another person * Child is allegedly responsible for serious animal cruelty |
| Significant mental health episode (immediate medical treatment) | * Child experiences a serious mental health episode which places their life at risk and requires immediate medical attention in a hospital. |
| Concern requiring immediate response | * Child experiences harm which is suspected or has been caused by action or inaction of a carer or a household member * Child experiences a prohibited practice such as the use of physical force, chemical or mechanical restraints, inappropriate hot or cold bathing, applying chilli powder on food or body parts, corporal punishment or other unethical practices. |
| Alleged criminal behaviour | * Child engages in high risk behaviour with an adult, such as communicating in a sexual nature, possessing an image of an adult of a sexual nature (eg on a mobile device) or sending a personal photo of a sexual nature to an adult * Child leaves the premises with police due to an investigation into their alleged criminal conduct or as an alleged victim of a crime. |
| Negative experience during family time | * Child reports possible harm caused during family time. |
| Serious or life threatening injury | * The carer or a household member receives a life threatening injury whilst performing their role as a carer. |

\*\* Needs to be reported to the Manager, ICH OHC, immediately.

|  |  |
| --- | --- |
| **CATEGORY 2**  **If information is received during business hours, verbally notify the Manager, OHC and the Department (CSSC) as soon as possible within the business day. An Incident Report Form is to be submitted to the Department within 24 hours.**  **If the information is received after hours, generally verbally notify the Manager, OHC and the Department (CSSC) the next business day. Some incidents may require immediate verbal notification to After Hours CSSC eg where permission is required by the Department. An Incident Report Form is to be submitted to the Department by 5.00 pm the following business day.** | |
| Serious injury | * Child suffers a serious injury which is not life threatening (eg a broken arm) or experiences a mental health episode that requires medical treatment but does not result in overnight hospitalisation or admittance to a mental health facility. |
| Alleged harm, neglect or exploitation | * Child is allegedly harmed or neglected (not by carers), however, immediate safety is not threatened. |
| Self-injury | * Child directly or deliberately injures their body without the conscious intention to die. |
| Escalating risk taking behaviour | * Child displays increased risk taking behaviour which poses an increased risk to themselves or others |
| Alleged criminal behaviour | * Child is charged with an offence and/or there is a pending Children’s Court hearing * Child is alleged to have stolen goods or illicit substances in their possession, or has suspected involvement in other criminal actions warranting police investigation. |
| Serious threat | * Child makes a serious threat of destruction to property or injury toward others in the care service |
| Substance misuse | * Child engages in substance misuse or the effect of such is observed but does not appear seriously impacted and does not require medical attention or hospitalisation. |
| Absence | * Child is absent for a short period without permission and their location is known or can be quickly established * Child is absent, their location is known but there are safety concerns eg with a person unauthorised to have contact due to previous harm or allegations of previous harm. |
| Property damage | * Child deliberately causes noticeable damage (eg broken windows, holes in walls), however, relocation is not required * Child is with another person who causes damage to the property eg a young person is with a friend, and the friend causes the damage. |